

YEAR-END REPORT TRANSMITTAL LETTER

AAA NAME: _____

PSA #: _____

Check appropriate box for:

☐ FY 2004-05 ☐ FY 2005-06 ☐ FY 2006-07 ☐ FY 2007-08 ☐ FY 2008-2009

This Year-End Report provides a retrospective account of progress made toward specified goals during the above checked fiscal year. It provides a performance report for the community and CDA. It reaffirms the important role of AAAs as the advocate, planner, and administrator of programs that strive to address the care needs of older and disabled adults and their families and caregivers in their local Planning and Service Area.

We the undersigned recognize the responsibility within each community to establish systems in order to address the care needs of older individuals and their families and caregivers in this Planning and Service Area. By signing below, we confirm that we have had the opportunity to participate in the planning process and to review and comment on this Year-End Report.

1. (Type Name): _____

(Signed) _____
Chair, Governing Board

Date

2. (Type Name): _____

(Signed) _____
Chair, Area Agency on Aging
Advisory Council

Date

3. (Type Name): _____

(Signed) _____
Director, Area Agency on Aging

Date